

ABSTRACT  
SOCIAL WORK

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A DESCRIPTIVE STUDY OF THE UTILIZATION OF  
HEALTH AND SOCIAL SERVICES AMONG  
THE AFRICAN-AMERICAN ELDERLY

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The overall objective of this study was to determine the frequency and quality of elderly African Americans' utilization of health and social services. In order to reach this objective, questionnaires were administered to respondents that were over the age of sixty years old that resided in their own dwellings within Fulton County, Atlanta, Georgia. There were twenty-five female respondents and six male respondents in the sample.

This study was an attempt to determine the type of social services needed by elderly African Americans and the availability of these services to this population. The findings of this study demonstrated the need for the expansion of Adult Day Care, the need to provide information to this population concerning the social services readily available and the need to develop additional health and social services for this population.

A DESCRIPTIVE STUDY OF THE UTILIZATION  
OF HEALTH AND SOCIAL SERVICES AMONG THE  
AFRICAN AMERICAN ELDERLY

A THESIS

SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY  
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THE DEGREE OF MASTER OF SOCIAL WORK

BY

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## CHAPTER ONE

### INTRODUCTION

The elderly African American population experiences many social, financial and psychological stressors based on the availability of resources. This is particularly true in terms of inadequate health care. Wallace indicated that elderly blacks in the United States continue to fare poorly compared with elderly whites on most measures of health and economic status.<sup>1</sup> The situation in which this problem has evolved is considered to be based on the opinion of governmental organizations and social policy making bodies that place little importance on the health care needs of the elderly African American. Wallace also suggested that social programs of the 1960's have ameliorated few of the problems that they were directed at with none of the problems having been solved.<sup>2</sup>

There is a scarcity of literature related to elderly African Americans, especially in relation to the lack of available resources for them in the areas of transportation, in their utilization of social services and in areas of other health care services. Although there has been a large scale increase in the elderly African American population, little attention has been paid to their existing

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<sup>1</sup>Steven P. Wallace. "The Political Economy of Health Care For Elderly Blacks". International Journal Of Health Services, 20, (1990): 665-680.

<sup>2</sup>Ibid, pp. 665-680.

social needs. "Statistics indicate that 2.1 million blacks are over the age of 65 years old...by the year 2000, minority group members will comprise 20% of the total elderly population.<sup>3</sup>

Currently, there is insufficient knowledge about the elderly African American. This study is an attempt to provide some clarity regarding the status of their health conditions, their daily living activities, their ability to remember, their emotional health and the social services needed by this population. In general, knowledge about aging should not be limited by the current manuals or contemporary readings, but as stated by Beaver and Miller:

"Aging is a process, aging is a biopsychosocial phenomenon, and a social condition of our society ...a real need for more and better knowledge about the aging process and the circumstance of the aging is necessary.<sup>4</sup>

Skinner demonstrated that the African American minority group, as well as the other racial minority groups, encounter uniquely different experiences throughout their lives in comparison to the majority group.<sup>5</sup> As Skinner further stated:

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<sup>3</sup>Martha A. Smith, Henry M. Plawecki, Bernice Houser, Juanita Carr, Judith A. Plawecki. "Age And Health Perceptions Among Elderly Blacks". Journal Of Gerontological Nursing, 17, (1991): 13-19.

<sup>4</sup>Marion L. Beaver & Don A. Miller. Clinical Social Work Practice With The Elderly, (Belmont: Wadsworth Publishing Company, 1992), p. 326.

<sup>5</sup>John H. Skinner. "Aging In Place: The Experience Of African-American And Other Minority Elders". Generations: Journal Of The American Society, (Spring, 1992): 49-51.



"These experiences do not disappear with old age, instead they are exaggerated".<sup>6</sup> "The combination of experiencing years of economic and social disadvantage, plus their increasing frailness due to aging may create obstacles".<sup>7</sup> These impediments or obstacles are similar in their effect for all elderly people, regardless of their social or racial classification. However, as the result of a lack in the availability of resources, or in the lack of the utilization of those resources, the elderly minority poor may confront restrictions in the areas of health care, financial management, job discrimination, transportation, psychological functioning, housing, status, in fulfilling a meaningful role within society, and with poverty in general.

The purpose of this study is to provide the profession of social work with expanded knowledge concerning the social needs of the elderly African American. It is critical for a social worker to be knowledgeable about existing and available resources and services that might be helpful in reducing the problems of the elderly. This study intends to demonstrate the appropriate primary and secondary intervention roles that the social worker should assume when working with the elderly African American population.

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<sup>6</sup>Ibid, pp. 49-51.

<sup>7</sup>John H. Skinner. "Aging In Place: The Experience Of African-American And Other Minority Elders". Generations: Journal Of The American Society, (Spring, 1992): 49-51.

### Statement Of The Problem

The problem being addressed by this study concerns the shortage of available resources for the elderly African American and the identification of their social needs in the area of access to health care resources. The literature depicts the African American minority group as being neglected by government and social welfare policy making bodies. The literature also demonstrates that little has been done to address the social and emotional needs of this minority group.

While minority groups may be considered neglected by government policy makers, the elderly African American may be considered twice neglected. As Williams stated:

"The black elderly are considered a minority within a minority because these individuals represent the elderly as well as the minority segment of the population".<sup>8</sup>

And, as further stated by Williams:

"This level of neglect implies that later in life the combination of old age and racial discrimination may have a powerful and negative effect on the availability of health resources".<sup>9</sup>

The social and health resources that are unavailable or in limited supply to the elderly African American can be identified as being in the areas of medical care, specialized transportation for those with impediments, assistance with

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<sup>8</sup>U.S. Department Of Health And Welfare. Characteristics Of The Black Elderly: Older Americans. (Ed.) B.S. Williams. Statistical Report Number 5, (Washington, D.C.: U.S. Government Printing Office, 1983), pp. 1-9.

<sup>9</sup>Ibid, pp. 1-9.

heavy duty housework, housekeeping management, socialization, recreation, and supervision for those living alone. These above identified restricted resources can impact on the health care of the elderly African American and increase or intensify their need for these services.

### Significance And Purpose Of The Study

Keith and Jones demonstrated that it was first argued some twenty years ago that social inequality based on race and ethnicity affect the aging, and that the literature concerning the minority aged remains underdeveloped.<sup>10</sup> There has also been a lack of progress in identifying resources, particularly health resources, for the elderly African American.

Social workers that are in direct practice with the elderly should be knowledgeable about existing services, the reasons why African Americans do not use the services, and the development of social work methods and techniques that would be useful in assisting the elderly African American to obtain and utilize health resources.

The author's interest in this subject emerged when the Intergenerational Resource Center was funded for research by the Office of Aging to enhance social day care centers for the elderly. This research provided an opportunity to understand the overt and covert problems experienced by the elderly

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<sup>10</sup>Verna M. Keith & Woodrow Jones. "Determinants Of Health Services Utilization Among The Black And White Elderly". Journal Of Health And Social Policy, 1, (1990): 73-88.

African American population. This study also provided an opportunity to identify those elderly in need of day care and institutionalization.

The instrument and population utilized in the above study is the same questionnaire and population utilized in this study. The results of this study is expected to provide the profession of social work with information regarding elderly African Americans and enable social workers to utilize the information to enhance the health care conditions and social service needs of this population. A second expectation for the results of this study concerns the potential for a social worker to use the information from this study to improve case management, to consider and create various promotional campaigns, and to become well equipped and knowledgeable advocates for the African American elderly population.

## CHAPTER TWO

### LITERATURE REVIEW

There is a scarcity of literature addressing the quality of the delivery of social services and various health care resources to the elderly African American population. As Keith and Jones indicated: "...that social inequality based on race and ethnicity affect the aging experience and the area of minority aging remains underdeveloped".<sup>1</sup> However, the literature does indicate the need for extensive social services to be delivered to this population.

There are many areas in which elderly African Americans experience problems in living. For example, in relation to their economic issues, in their living arrangements, their safety, their security, their health and in the provision and adequacy of rehabilitation services. However, for purposes of this study the areas of concern will be limited to the health care concerns of the elderly African American and the accessibility and utilization of social services for this population.

#### Health

The health of the elderly African American is often a determining factor in whether they enjoy a satisfactory standard of living. Braithwaite and Taylor demonstrated that:

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<sup>1</sup>Verna M. Keith & Woodrow Jones. "Determinants Of Health Services Utilization Among The Black and White Elderly," Journal of Health and Social Policy, 1, (1990): 73-88.

"Health for the elderly may be conceptualized as the ability to function effectively in society and to exercise maximum self-reliance and autonomy.<sup>2</sup> However, one of the problems with this definition of health results in a somewhat limiting conception of health. For example, this definition does not take into consideration certain aspects of the human condition that are also considered essential to a person's biopsychosocial functioning such as wellness or well-being.

The concept of wellness as defined by Smith, Plawecki and Carr relates to areas of: "Self-responsibility, nutritional awareness, physical fitness, stress management and sensitivity to the environment".<sup>3</sup> As these authors further state: "Optimal functioning along the entire continuum allows for achievement of a good and satisfactory existence or well being".<sup>4</sup>

When a social worker attempts to assess the health status of an elderly African American, they must take into consideration certain sociocultural factors such as the level of education, the amount of income, the type and quality of housing, their nutrition, and the impact and stresses found within the environment.

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<sup>2</sup>Ronald L. Braithwaite and Sandra E. Taylor, Health Issue in the Black Community (San Francisco: Jossey-Bass Publishers, 1991), 226.

<sup>3</sup>Marion L. Beaver and Don A. Miller, Clinical Social Work Practice with the Elderly (Belmont: Wadsworth Publishing Company, 1992), 93.

<sup>4</sup>Ibid., 93.

Various studies have documented that the health status of elderly African Americans is lower than the health status of whites. As Wallace stated:

These differences can be explained by class factors such as the profit orientation of the medical care system, and race factors such as residential segregation and racial discrimination in the medical care system".<sup>5</sup>

As further demonstrated by Mutcheler and Burr: "Surveys indicate that Black's self-reported health is poorer than those reported by their white counterparts".<sup>6</sup> This study demonstrated that African Americans generally considered their health status in less positive terms than whites. This has implications in the delivery of health services. As Burnell reported: "The perceived need for services is the strongest predictor of use of community services, which explains why services are under-utilized even though seniors qualify for usage".<sup>7</sup> If African Americans perceive their health as poor, and if they expect this level of health as a natural or common occurrence they would feel little need to seek treatment. This concept is supported by Morris and Dexter: "Clients typically choose to utilize clinics because of chronic

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<sup>5</sup>Martha A. Smith, Henry M. Plawecki, Bernice Houser, Juanita Carr, Judith A. Plawecki, "Age and Perceptions Among Elderly Blacks," Journal of Gerontology Nursing 17 (1991): 15.

<sup>6</sup>Final Report of the Medical Social Model (Atlanta: Intergenerational Resource Center, Inc. [1992]), 5.

<sup>7</sup>Jan E. Mutcheler and J.A. Burr, "Racial Differences in Health and Health Care Service Utilization n Later Life: The Effects of Socioeconomic Status," The Journal of Health and Social Behavior 32 (December 1991): 342.

illness, limited resources or isolation".<sup>8</sup>

### Accessibility and Utilization of Services

The elderly constitute the fastest growing group in the total population of the United States. According to Eisele:

"In 1974, 11 percent of the total population was 65 years of age, and it was estimated that this proportion had almost tripled since 1900 and could grow to 20 percent in the next century".<sup>9</sup>

Future projections indicate that the number of individuals 60 years of age and older will increase by 31 percent by the year 2000, when 43 percent of those over 65 will be 75 years or older..<sup>10</sup>

According to Johnson, the Black American Elderly community in particular is currently the fastest growing segment of the total Black American population...by the year 1999, the number of Black Americans over the age of 65 will increase to 3 million.<sup>11</sup> Consequently, many members of this latter age group often become economically, socially, and psychologically dependent on their families, society, and community resources and frequently require increased health

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<sup>8</sup>Kathleen K. Burnell, Determinants of Senior Citizens' Use of Human Services 1991.

<sup>9</sup>Carolyn L. Morris and E.B. Dexter, "Taking the Clinic to the Clients: Geriatric Health Care in a Residual Setting," The Gerontologist 29 (December 1989): 822.

<sup>10</sup>Frederick R. Eisele, ed., Political Consequences of Aging: The Annals of the American Academy of Political and Social Service 415 (September 1974) 4.

<sup>11</sup>Charles Johnson, "The Status of Health Care Among Black American: Address Before the Congress of National Black Churches," Journal of the National Medical Association 83 (December 1990): 126.



care and social services.<sup>12</sup> Access and availability to health services and social services should be a fundamental right granted to all citizens. Access to health care and other needs have become a very big issue that needs some clarification. Access to affordable and quality comprehensive care for all citizens will be of significant importance in the 21st century...significant strides have been made in the delivery of health and social services, although great disparities still exist.<sup>13</sup>

African American elderly, as well as other minority elderly groups are disproportionately represented among those that are underserved and suffering from poor health as a result of the lack of access and availability to health care and social services. George suggests that African Americans and other minority groups continue to have disproportionately higher rates of infant mortality, cancer, cardiovascular diseases, diabetes, acquired immunodeficiency syndromes, and other diseases.<sup>14</sup>

In discussing barriers to access and availability to

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<sup>12</sup>U.S. Department of Commerce, Bureau of the Census, Some Demographic Aspects of Aging in the United States, "Current Population Reports," Series No.43 (Washington, D.C.: U.S. Government Printing Office, 1973) 3.

<sup>13</sup>Ronald L. Braithwaite and Sandra E. Taylor, Health Issue in the Black Community (San Francisco: Jossey-Bass Publishers, 1991), 226.

<sup>14</sup>Alma R. George, "Accessibility and Availability to Health Care in the African American Community," Journal of the National Medical Association 83 (1991): 761.

health care, George mentions:

"The rising cost of health care, the insufficient number of minority health care providers, and the delivery of health care in rural areas seem to have the most impact ... reviewing some of the barriers to access and availability to health care services to African Americans, it is evident that public health care programs alone cannot eradicate the barriers. The present public health care programs and financing do not guarantee access and availability to basic health-care services to all our citizens, and excludes many of those requiring health-care services that most need. It is the responsibility of the federal government to develop and implement a health-care agenda that assures each citizen equal access and availability to health-care financing, health care-providers, and access to health services..."<sup>15</sup>

A critical review of gerontological literature on the use of health care and social services by the African American elderly clearly underlies the lack of adequate research in this area and reveals problems with service use. The existing research suggests that the utilization of health and social service by the elderly is influenced by a wide range of factors. Some studies of the elderly suggests that socio-demographic factors such as gender, age, income, source of income, living arrangements, and education are related to service use.<sup>16</sup>

African American elderly often lack full knowledge or understanding of the service or benefits to which they are

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<sup>15</sup>Ibid., 762.

<sup>16</sup>Susie Ann Spence and Charles R. Atherton, "The Black Elderly and the Social Service Delivery System: A Study of Factors Influencing the use of Community-Based Service," The Journal of Gerontological Social Work 26 (1991): 20.

entitled. This limited knowledge is the consequence of a lifetime of a restriction in the manner in which information is shared within the community. Richardson's study posits service use among African American elders as a function of independent variables. These variables are demonstrated as: (1) demographic characteristics of the older adult, such as income, age, gender, health status, and overall satisfaction. (2) Availability and informal supports. (3) Knowledge of elderly adult services. (4) The perceived need for older adult services.<sup>17</sup> This study by Richardson found that many elderly within the population of elderly people are unaware of the adult services that are available to them.<sup>18</sup> A 1989 study completed by McCaslin indicated the knowledge of and the need for social services for the African American elderly.<sup>19</sup>

According to Carlton-Laney: African American elderly underuse available services because they are not aware of the variety of services, they are not involved in the planning or implementation of services, they are powerless in the political arena out of which decision and programs emanate,

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<sup>17</sup>Virginia Richardson, "Service use Among African American Elderly People," Social Work 37 (January 1992): 48.

<sup>18</sup>Ibid., 48.

<sup>19</sup>Ibid., 49.

and they have feelings of alienation which dissuade participation.<sup>20</sup>

African American elderly recognize that there were promises of social service delivery in the past which was unfulfilled. Many elderly people have had little or no influence on most social programs or services. It seems to appear that those offering social services either do not deliver them or provide it in accessible areas. Far too frequently, the elderly must travel considerable distances to obtain a particular service.<sup>21</sup> The travel time and distance add yet another deterrent to service utilization.<sup>22</sup> This lack of convenient, inexpensive transportation is a problem faced by most elderly.<sup>23</sup> Beaver and Miller also indicated that: "The elderly are perhaps more reliant on transportation than any other segment of the population, yet they are the least likely to be served by the transportation system."<sup>24</sup>

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<sup>20</sup>Iris Carlton-Laney, "Some Considerations of the Rural Black's Underuse of Social Services," Journal of Gerontological Social Work 16 (Spring/Summer 1991): 8.

<sup>21</sup>Odin W. Anderson, "Health Care: Can There be Equality," Human Service Press (1975): 31.

<sup>22</sup>Iris Carlton-Laney, "Some Considerations of the Rural Black's Underuse of Social Services," Journal of Gerontological Social Work 16 (Spring/Summer 1991): 9.

<sup>23</sup>Charles Zastrow and Karen Kirst-Ashmen, Understanding Human Behavior and the Social Environment (Chicago: Nelson Hall Publisher; 1990), 503.

<sup>24</sup>Marion L. Beaver and Don A. Miller, Clinical Social Work Practice with the Elderly (Belmont: Wadsworth Publishing Company, 1992), 53.

In order for health care and social service needs to be more accessible for utilization for the elderly, it will take more than the current levels of planning and research to find ways of promoting better health practices and increasing the utilization of existing social services.

#### Theoretical Framework

The Ecological Approach was utilized. This practice perspective concerns transactions between people and their environment, their adaptation, reciprocity, mutuality, stress, and coping. It also considers growth and development, identity, competence, autonomy, and relatedness.<sup>25</sup> The Ecological model provides the researcher with an understanding that each system is unique, varies in characteristics and in different ways of interacting. The African American elderly are not merely reactors to environmental forces, but in turn they act upon their environment. This shapes the responses of other people, groups, institutions, and the physical environment to the African American elderly.

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<sup>25</sup>Louise C. Johnson, Social Work Practice, A Generalists Approach (U.S.A.: Allyn and Bacon, 1989), 425.

Definition of Terms

African American elderly. A person of African descent, who is over the age of 60 years old.

Accessibility. Capable of being reached.

Utilization. To make use of a social service.

Health. The condition of being sound in body, mind, or spirit.

Social Service. An activity designed to promote social welfare.

## CHAPTER THREE

### METHODOLOGY

The research design employed in this study is known as the Descriptive Research Design. The sample size in this study was thirty-one. This study entailed the selection of a target area, one which had a high proportion of African Americans, a low income population, and located in the geographic areas of the Central Business District, Northwest, Southwest, and Southeast Atlanta. These are predominantly Black sections of Atlanta. Other selection criteria included the target areas related to the proximity to the Intergenerational Resource Center, Inc., which is an adult day care rehabilitation center in Atlanta. To be more specific, several city public housing units in Atlanta along with individual home interviews with elderly persons were used for collection of data.

The targeted sample identifying the African American elderly was determined by the community residents, who were 60 years of age and over with the probability of needing at least some health and social services. Other criteria for the sample population included African Americans who resided in a home setting and the residents of targeted areas.

### RESEARCH DESIGN

In this study, the design utilized is called the Descriptive Research Design. This design utilizes a questionnaire, whose purpose as stated by Rubin and Babbie:

"Questionnaires provide a method of collecting data by (a) asking people questions or, (b) asking them to agree or disagree with statements representing different points of view.<sup>1</sup>

The questionnaire in this study was administered by interviews with African Americans over the age of 60 through face to face contact. The questionnaire was designed to uncover the health and social service needs of the African American elderly.

The questionnaire addressed the health and social service needs of the African American elderly. The assessment had several objectives. First, to define service gaps for the African American elderly. Second, to identify attitudes and concerns that could interfere with service access and use. Third, to use the results obtained to develop or modify health and social service delivery models to meet the needs of the African American elderly population. The purpose of this research was to determine the appropriate use of health and social services by elderly African Americans. Ultimately, this study is important for its potential contributions of developing future service delivery methods for African American elderly in relation to policy making and planning.

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<sup>1</sup>Allen Rubin and Earl Babbie, Research Method for Social Work (Belmont: Wadsworth Publishing Company, 1989), 183.



### Sampling

A Random Sample technique was used in this study. A probability sampling was utilized by simple random sampling. Each case had an equal chance of appearing in the sample. A random number table was utilized using a paired column, left to right, to pick the numbers which was used to match any of the cases, until all the cases chosen for the sample were selected.

### Data Collection Procedure

The data was collected by the interviewer through use of questionnaires, in face to face interviews. The interviews were scheduled ahead of time. Recruitment of sample participants included local names from churches, community meetings, and through a response to a distribution of flyers.

The interviewer obtained demographic information to determine an elderly person's eligibility for this study. Questionnaires were administered by the interviewer, beginning with a brief introduction of the study and it's purpose was explained prior to its administration.

### Data Analysis

The data was analyzed using frequency distributions. The frequency of responses will give a clear indication of the information needed to assess the frequency of use of health and social services among the African American elderly.

## CHAPTER FOUR

### FINDINGS

#### FREQUENCY DISTRIBUTIONS

Frequency distributions were utilized to demonstrate percentages of responses. See Tables I to VII.

Table I

Personal Information.

1. Female: 80.6%  
Male: 19.4%
2. How old were you on your last birthday?  
  
60-69: 29.0%  
70-79: 48.4%  
80-89: 22.6%
3. What was the highest grade in school you completed?  
  
Less than high school: 58.1%  
High school graduate: 25.8%  
College graduate: 3.2%  
Graduate degree: .0%  
Other: 3.2%
4. What is your current marital status?  
  
Married: 16.1%  
Widowed: 58.1%  
Divorced/Separated: 25.8%  
Never Married: .0%  
Other: .0%
5. (Unless never married) how long have you been married/widowed, divorced/separated?  
  
1-19 Years    Married: 9.7%  
                  Widowed: 32.3%  
                  Divorced/separated: 12.9%  
  
20-39 Years    Married: .0%  
                  Widowed: 19.4%  
                  Divorced/Separated: 9.4%

Table I, continued.

40-59 Years	Married	<u>6.5%</u>
	Widowed	<u>.0</u>
	Divorced/Separated	<u>.0</u>

## 6. Are you covered by Medicare?

Yes: 87.1%  
 No : 12.9%

## 7. Are you covered by Medicaid?

Yes: 38.7%  
 No : 58.1%

## 8. Do you have private health insurance?

Yes: 29.0%  
 No : 20.1%

## 9. What are your sources of income?

Social Security: 74.2%  
 SSI: 12.9%  
 Pension: 9.7%  
 Other: 9.7%

## 10. What is your average family monthly income?

Under \$500: 41.9%  
 \$500-\$750: 25.8%  
 \$750-\$1,000: 3.2%  
 \$1,000-\$1,250: 3.2%  
 \$1,250-1,500: .0%  
 More than \$1,500: 3.2%  
 No response: 3.2%

## 11. Not including yourself, how many other people live in the same house/apartment where you live?

Spouse: 16.1%  
 Other relative: 16.1%  
 Friend: .0%  
 Other: 3.2%

## 12. What type of housing unit do you live in?

Private house (one family): 12.9%  
 Two/Three family house: .0%  
 Apartment: 51.6%  
 Rented Room: .0%

Table I, continued.

Other: 22.6%

13. Are your living arrangements acceptable (O.K.)?

Yes: 83.9%

No: 3.2%

14. Is your present house safe and suitable?

Yes: 71.0%

No: 16.1%

Table II

<u>Daily Activities.</u>	Yes	Sometimes	No
1. Using the telephone, including looking up the number and dialing the phone	<u>19.4%</u>	<u>.0%</u>	<u>77.4%</u>
2. Shopping for groceries and other things (walking or driving)	<u>29.0%</u>	<u>.0%</u>	<u>67.7%</u>
3. Getting to places beyond where you walk	<u>19.4%</u>	<u>6.5%</u>	<u>71.0%</u>
4. Preparing own meals	<u>25.8%</u>	<u>.0%</u>	<u>71.0%</u>
5. Doing light housework	<u>22.6%</u>	<u>3.2%</u>	<u>71.0%</u>
6. Washing your clothes	<u>19.4%</u>	<u>3.2%</u>	<u>71.2%</u>
7. Taking your medicine	<u>16.1%</u>	<u>.0%</u>	<u>77.4%</u>
8. Paying your bills	<u>19.4%</u>	<u>.0%</u>	<u>71.2%</u>
9. Feeding yourself	<u>12.9%</u>	<u>.0%</u>	<u>83.9%</u>
10. Dressing or undressing yourself	<u>16.1%</u>	<u>.0%</u>	<u>80.6%</u>
11. Bathing or showering yourself	<u>19.4%</u>	<u>.0%</u>	<u>77.4%</u>
12. Getting in the bathroom on time	<u>16.1%</u>	<u>.0%</u>	<u>80.6%</u>
13. Cutting your toenails	<u>29.0%</u>	<u>3.2%</u>	<u>64.5%</u>
14. Anything else	<u>9.4%</u>	<u>3.2%</u>	<u>.0%</u>

Table IIIHealth Conditions.

	Problem	*DOC	**RX
	(%)	(%)	(%)
1. Arthritis or Rheumatism	<u>48.4</u>	<u>45.2</u>	<u>48.4</u>
2. High Blood Pressure	<u>51.6</u>	<u>45.2</u>	<u>41.9</u>
3. Circulation trouble in arms or legs	<u>45.2</u>	<u>25.8</u>	<u>19.4</u>
4. Heart trouble	<u>35.5</u>	<u>35.5</u>	<u>35.5</u>
5. Poor Eyesight (with glasses) or blind	<u>29.0</u>	<u>25.8</u>	<u>19.4</u>
6. Diabetes	<u>19.4</u>	<u>19.4</u>	<u>9.4</u>
7. Depression	<u>19.4</u>	<u>3.2</u>	<u>3.2</u>
8. Poor hearing (with hearing aid) or deaf	<u>16.1</u>	<u>12.9</u>	<u>9.4</u>
9. Foot problems which makes it painful to walk	<u>22.6</u>	<u>9.4</u>	<u>9.4</u>
10. Lung problems	<u>3.2</u>	<u>3.2</u>	<u>3.2</u>
11. Effects of stroke	<u>19.4</u>	<u>6.5</u>	<u>3.2</u>
12. Only fair or poor physical health	<u>45.2</u>	<u>6.5</u>	<u>3.2</u>
13. Only fair or poor emotional health	<u>29.0</u>	<u>6.5</u>	<u>3.2</u>
14. Any other problems	<u>19.4</u>	<u>.0</u>	<u>.0</u>

\*DOC - Doctor

\*\*RX - Medicine

Table IVDo You Remember.

	Yes (%)	No (%)
1. Names of family or close friends	<u>32.3%</u>	<u>64.5%</u>
2. To lock the door	<u>16.1%</u>	<u>77.4%</u>
3. To take your medicine	<u>16.1%</u>	<u>74.2%</u>
4. To turn off the stove	<u>16.1%</u>	<u>77.4%</u>
5. To eat during the day	<u>9.4%</u>	<u>87.1%</u>
6. The year you were born	<u>16.1%</u>	<u>80.6%</u>
7. The year it is now	<u>12.9%</u>	<u>83.9%</u>
8. The day of the week	<u>19.4%</u>	<u>7.4%</u>
9. Your own age	<u>12.9%</u>	<u>83.9%</u>
10. Your own name	<u>12.9%</u>	<u>80.6%</u>

Table VEmotional Health Screen.

A. Most of the Time    B. Sometimes    C. Seldom    D. Never				
	A (%)	B (%)	C (%)	D (%)
1. Do you feel tired in the mornings	<u>16.1</u>	<u>29</u>	<u>6.5</u>	<u>4.2</u>
2. How often do you feel alone and helpless	<u>.5</u>	<u>19.4</u>	<u>12.9</u>	<u>58.1</u>
3. Do you feel in good spirits	<u>90.3</u>	<u>3.2</u>	<u>.0</u>	<u>.0</u>
4. How often do you have crying spells, or feel like crying	<u>3.2</u>	<u>22.6</u>	<u>19.4</u>	<u>51.6</u>
5. How often do you have trouble sleeping	<u>9.4</u>	<u>16.1</u>	<u>12.9</u>	<u>58.1</u>
6. Have you ever had periods when you couldn't take care of things because you just couldn't get going	<u>3.2</u>	<u>19.4</u>	<u>6.5</u>	<u>64.5</u>
7. Do you suffer from a loss of appetite	<u>12.9</u>	<u>9.4</u>	<u>74.2</u>	<u>.0</u>
8. Do you feel sad and without interest when you wake in the morning	<u>6.5</u>	<u>12.9</u>	<u>16.1</u>	<u>61.3</u>
9. Do you sometimes wonder if anything is worthwhile any more	<u>6.5</u>	<u>22.6</u>	<u>16.1</u>	<u>51.6</u>
10. How often do you feel you don't enjoy doing things any more	<u>6.5</u>	<u>16.1</u>	<u>12.9</u>	<u>61.3</u>



Table VIHealth Habits.

	Yes (%)	No (%)
1. Do you go to a doctor at least once a year	<u>83.9%</u>	<u>12.9%</u>
2. Do you follow all the directions when using medicines	<u>83.9%</u>	<u>9.4%</u>
3. Are you on 3 or more prescription drugs on a regular basis	<u>45.2%</u>	<u>48.4%</u>
4. Do you ever get flu shots from your doctor or health departments	<u>38.7%</u>	<u>58.1%</u>
5. Do you see a dentist once a year	<u>22.6%</u>	<u>74.2%</u>
6. Do you see an eye doctor once a year	<u>51.6%</u>	<u>45.2%</u>
7. Do you think you need to lose weight more than 20 pounds	<u>32.3%</u>	<u>61.3%</u>
8. Do you think you need to gain weight more than 20 pounds	<u>25.8%</u>	<u>64.5%</u>
9. Do you eat fairly balanced meals every day with some milk products, meats or protein, fruits or vegetables, and breads and cereals	<u>80.6%</u>	<u>16.1%</u>
10. From a health standpoint, do you think there is too much salt in the foods that you eat	<u>25.8%</u>	<u>71.0%</u>
11. From a health standpoint, do you think there is too much fat in the foods that you eat	<u>.0%</u>	<u>.0%</u>
12. Do you smoke cigarettes, cigars or a pipe	<u>.0%</u>	<u>.0%</u>
13. Do you chew tobacco or do snuff	<u>.0%</u>	<u>.0%</u>
14. Do you drink alcohol-more than 2 drinks a day	<u>.0%</u>	<u>.0%</u>
15. Do you have friends or relatives you can talk to when problems occur	<u>.0%</u>	<u>.0%</u>
16. Do you participate in any activities that you enjoy, like with neighbors or church	<u>.0%</u>	<u>.0%</u>

Table VIINeed of Service.

A. Need Service Center  
C. Aware of Services

B. Have Assistance  
D. Can Pay

	A (%)	B (%)	C (%)	D (%)
1. Shopping	<u>9.4</u>	<u>29.0</u>	<u>29.0</u>	<u>6.5</u>
2. Cooking Meals	<u>6.5</u>	<u>19.4</u>	<u>32.3</u>	<u>3.2</u>
3. Home Delivered Meals	<u>6.5</u>	<u>12.9</u>	<u>74.2</u>	<u>3.2</u>
4. Paying the Bills	<u>6.5</u>	<u>16.1</u>	<u>35.5</u>	<u>3.2</u>
5. Writing Checks or Balancing Checkbook	<u>12.9</u>	<u>22.6</u>	<u>25.</u>	<u>83.2</u>
6. Laundry	<u>6.5</u>	<u>29.0</u>	<u>29.0</u>	<u>6.5</u>
7. Basic Home Repairs	<u>16.1</u>	<u>41.9</u>	<u>25.8</u>	<u>6.5</u>
8. Basic House Cleaning	<u>12.9</u>	<u>29.0</u>	<u>25.8</u>	<u>3.2</u>
9. Heavy House Cleaning	<u>22.6</u>	<u>51.6</u>	<u>25.8</u>	<u>6.5</u>
10. Personal Care (dressing, bathing, toileting)	<u>6.5</u>	<u>19.4</u>	<u>29.0</u>	<u>3.2</u>
11. Moving about in house/apt.	<u>3.2</u>	<u>16.1</u>	<u>22.6</u>	<u>3.2</u>
12. Moving about outside	<u>9.4</u>	<u>19.4</u>	<u>22.6</u>	<u>3.2</u>
13. Transportation (Doctor, Sen. Ctr., etc)	<u>22.6</u>	<u>32.3</u>	<u>51.6</u>	<u>12.9</u>
14. Help with taking medicines	<u>6.5</u>	<u>12.9</u>	<u>22.6</u>	<u>3.2</u>
15. Personal visits or telephone calls	<u>6.5</u>	<u>16.1</u>	<u>22.6</u>	<u>3.2</u>
16. Nursing services (like visits from a nurse)	<u>9.4</u>	<u>16.1</u>	<u>61.3</u>	<u>6.5</u>
17. Adult Day Care at a Center	<u>12.9</u>	<u>9.4</u>	<u>67.7</u>	<u>6.5</u>
18. Need someone to stay with me daytime	<u>3.2</u>	<u>9.4</u>	<u>22.6</u>	<u>3.2</u>
19. Need someone to stay with me nighttime	<u>3.2</u>	<u>9.4</u>	<u>22.6</u>	<u>3.2</u>
20. Completing medical and insurance forms	<u>12.9</u>	<u>22.6</u>	<u>32.3</u>	<u>6.5</u>
21. Other services	<u>3.2</u>	<u>.0</u>	<u>.0</u>	<u>.0</u>
22. If you needed any of these services, who would you ask to find about them?				
Church or Minister:	<u>19.4%</u>			
Doctor:	<u>16.1%</u>			
Neighbor or Friend:	<u>32.3%</u>			
Other:	<u>38.7%</u>			
Don't Know:	<u>19.4%</u>			

### Frequency Distribution Findings

The study had twenty-five female and 6 male respondents. Forty-eight point four percent of the individuals were between the ages of 70-79. More than half (fifty-eight point one percent) had less than high school education and were widowed. Eighty-seven percent were covered by medicare and seventy-four point two percent source of income was from social security. Forty-one point nine percent had less than \$500 for a monthly income. Fifty-one point six percent live in apartments and eighty three point nine percent are satisfied with their living arrangements. Forty-eight point four percent are concerned about personal safety, while thirty-eight point seven percent are not concerned about it.

The respondents needed assistance with shopping, preparing their own meals, and with doing light housework. The respondents had difficulties with arthritis, rheumatism, high blood pressure, circulation trouble in arms or legs, heart trouble and indicating whether they have fair or poor physical health. The top three categories of illness in the respondents that the doctor has treated are for arthritis/rheumatism, high blood pressure, and heart trouble. The same three areas are at the top for treatment by medications, as well.

Many of the elderly respondents did not have a problem remembering, but thirty-two point three percent indicated

having trouble remembering names of family or close friends.

Ninety point three percent of respondents feel in good spirits, while the remainder of the responses were for never feeling tired, helpless, feel like crying, trouble sleeping, taking care of self, loss of appetite, feeling sad in the morning, feeling worthwhile, and enjoying doing things.

Eighty percent of the respondents indicate that they visit the doctor once a year, they follow directions when using medicine, and they eat a fairly balanced meal. Seventy-four percent indicated that they didn't see the dentist once a year and over sixty percent indicated they didn't want to gain or lose more than twenty pounds.

The two areas involving over twenty percent of the respondents were heavy house cleaning and transportation. There was a large number of elderly, who indicated having assistance and being aware of those services, such as transportation, nursing services, and adult day care programs. It is an interesting finding that over thirty two percent of the respondents would find out about resources through a neighbor or a friend or others. However, less than nineteen percent indicated obtaining resources through church, doctor, or not knowing whom to ask.

## CHAPTER FIVE

### SUMMARY AND CONCLUSIONS

The purpose of this study was to provide the social work profession with expanded knowledge concerning the health and social service needs of the African American elderly.

The demographic and personal profile of respondents provided an understanding that African Americans over the age 60 of years old are widowed (the majority were females) and had less than a high school education. The majority of African American elderly respondents were covered by Medicare. More than half of the African American elderly in the study had less than \$500 of monthly income and indicated their major source of income was from social security.

The need for assistance with daily activities was noted by a large number of respondents. The most prevalent need was related to activities that require physical strength and independence in the following areas: using the telephone, shopping for groceries, preparing meals, doing light housework, washing clothes, paying bills, dressing, and bathing. Although family and friends provided some needed assistance, it is evident that there is still some assistance needed for those elderly individuals living alone.

Out of the eleven health conditions reported on the questionnaire, one third of the respondents reported being

in fair or poor physical health, while one fourth reported the same for emotional health. Although most African American elderly individuals with health problems had been to the doctor in the last year, some had not. The reason African American elderly do not utilize health services are due to inaccessibility to services or financial barriers.

Interestingly, many respondents reported trouble remembering a variety of everyday activities, personal items, and names. A surprising number exhibited characteristics of depression or problems with emotional health. In part, this could be due to a lack of an ability in being able to identify one's own problems. These issues are usually not addressed unless they are brought to the attention of the physician. Therefore, many of the emotional problems (eg: loss of appetite, trouble sleeping, crying spells, feeling helpless) could be easily overlooked.

The awareness of poor health habits has increased in recent years for the African American elderly. This population seems to use prescription drugs particularly at a higher rate than whites. From a nutritional standpoint, most African American elderly think that they need to lose weight and eat less foods containing fats and salt. The table for health habits suggests that although the respondents are willing to admit to many of their bad health habits, they may not have the impetus to change them without some external motivation.

The need for a variety of social services was expressed by many respondents. Social and personal help services were identified as being needed more often than health related assistance. The African American elderly requested the need for services in basic home repairs, house cleaning, transportation, use of adult day care, and in completing medical and insurance forms. Most respondents were not currently receiving services and expressed a lack of knowledge about the services available. One in six reported the need for adult day care centers, even though half of those were already being served at these centers. One point to consider is the nonavailability of social and personal services. This could impact the ability of the African American elderly to access needed health services which contributes to a deterioration of health and quality of life. In summary, a variety of social needs for the elderly in the areas of health, social, personal, and health promotion services was found to be unmet.

#### Limitations of the Study

The findings of this study is limited to the African American elderly respondents studied. The sample for this study was limited to thirty-one respondents. Furthermore, the results of this study cannot be generalized to the overall African American population.

### Suggested Research Direction

There is a scarcity of knowledge relating to the African American elderly's utilization of health and social services. This study has raised some concerns to the helping profession regarding the African American elderly's lack of financial resources and the lack of available health and social service needs. This study demonstrated that one way to ameliorate the lack of knowledge is further research into health and social service resources and distribute this information to the African American elderly population.



## CHAPTER SIX

### IMPLICATION FOR SOCIAL WORK PRACTICE

In researching the use of health and social services among African American elderly, social workers must be aware of factors that shape research and practice.

The findings of this study indicate that the African American elderly have extensive and ongoing relationships with members of their informal support systems. This system provides a considerable amount of support assistance in communications with formal organizations regarding benefits and services.<sup>1</sup> As the literature has already pointed out, some reasons for under-utilization are as follows: lack of knowledge about available programs and services, limited access to services, cultural insensitivity of service providers, and dissatisfaction with services provided in the past.<sup>2</sup> One purpose of Social Work is to improve the quality of clients, in this case, that of the life for African American elderly, as well as other minority elderly, and be responsive to their concerns. There is a need for social workers to be knowledgeable about the African American elderly and their needs if they are to provide adequate services to this population.

The profession of Social Work can provide direction

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<sup>1</sup>Maggie Jackson and Zet Harel, "social Support Networks of the Elderly: Racial Differences and Health Care Implications," Urban Health (1983): 35.

<sup>2</sup>Ibid., 36.

needed for changes in the African American elderly community by promoting various programs, identifying the population's needs, assisting with meeting those unmet needs and provide information concerning existing services. Service providers in the fields of health and human services (physician, nurses, social workers, and members of other occupational groups) may find it beneficial to become better acquainted with the role and importance of social support network in care and services for the African American elderly.<sup>3</sup>

Another important aspect of social work is to recognize the growing need of the African American elderly that need Adult Day Care services or those who need institutionalization. Adult Day Care is one of the newer options in care for the elderly. Edmondson points out that Adult Day Cares has risen from eighteen in 1974 to one thousand three hundred and seventy-four in 1986.<sup>4</sup> It is extremely important to have excellent case management in these programs to assess and meet the needs of African American elderly.

A Social Worker plays a critical role in providing health and social services to the African American elderly. This role is carried out in the community by intervening in the preventive aspect of health promotion, assessing the

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<sup>3</sup>Ibid., 36.

<sup>4</sup>Brad Edmondson, "Where's the Day Care?," American Demographic 12 (July 1990): 17.

elderly's needs, implementing services when necessary, and linking them to services that are in existence.

## **APPENDICES**

INTERGENERATIONAL RESOURCE CENTER  
COMMUNITY GERIATRIC NEEDS ASSESSMENT

**INTRODUCTION**

My name is \_\_\_\_\_ and I represent the Intergenerational Resource Center at the Ebenezer Baptist Church. We want to expand our service to help people over age 60 in our communities. You can help by answering the questions in this survey so we can get a picture of what some of the problems are in the community. This is a confidential assessment and your name will not be used. The survey will take about 30 minutes. Would you like to participate?

**INITIAL SCREEN:**

(Target Group-Black Population over age 60)

(If this is a residence, ask)

Is this where you live? \_\_\_\_\_yes \_\_\_\_\_no (Address:  
(Otherwise just ask for the address))

Are you over 60 years old? \_\_\_\_\_yes \_\_\_\_\_no  
(if no, does anyone else over 60 years old live here that  
can answer some questions.)

(IF YES TO THESE QUESTIONS, CONTINUE)

**PERSONAL INFORMATION**

1. Female \_\_\_\_\_  
Male \_\_\_\_\_
2. How old were you on your last birthday? \_\_\_\_\_
3. What was the highest grade in school you completed? \_\_\_\_\_
4. What is your current marital status?  
Married \_\_\_\_\_  
Widowed \_\_\_\_\_  
Divorced/Separated \_\_\_\_\_  
Never Married \_\_\_\_\_  
Other \_\_\_\_\_
5. (Unless never married,) how long have you been  
married/widowed/divorced/separated? \_\_\_\_\_

6. Are you covered by Medicare?  
(Health coverage for the elderly supplied by the federal government)

Yes \_\_\_\_\_  
No \_\_\_\_\_

7. Are you covered by Medicaid?  
(Health coverage for low income people supplied by the state-yellow form in the mail monthly?)

Yes \_\_\_\_\_  
No \_\_\_\_\_

8. Do you have any private health insurance?

Yes \_\_\_\_\_  
No \_\_\_\_\_

9. What are your sources of income?

Social Security \_\_\_\_\_  
SSI \_\_\_\_\_  
Pension \_\_\_\_\_  
Other \_\_\_\_\_

10. What is your average family monthly income?

Under \$500 \_\_\_\_\_  
\$500-750 \_\_\_\_\_  
\$750-1000 \_\_\_\_\_  
\$1,000-1,250 \_\_\_\_\_  
\$1,250-1,500 \_\_\_\_\_  
More than \$1,500 \_\_\_\_\_  
No Response \_\_\_\_\_

11. Not including yourself, how many other people live in the same house/apartment where you live?

Who are they?

Spouse \_\_\_\_\_  
Other Relative \_\_\_\_\_  
Friend \_\_\_\_\_  
Other \_\_\_\_\_

12. What type of housing unit do you live in?

Private house (one family) \_\_\_\_\_  
Two/three family house \_\_\_\_\_  
Apartment \_\_\_\_\_  
Rented Room \_\_\_\_\_  
Other \_\_\_\_\_

13. Are your living arrangements acceptable (O.K.)?

Yes \_\_\_\_\_  
No \_\_\_\_\_

14. Is your present house safe and suitable?

Yes \_\_\_\_\_  
No \_\_\_\_\_

15. Do you have concerns about your personal safety in your house or in your neighborhood?

Yes \_\_\_\_\_  
No \_\_\_\_\_

### ACTIVITIES IN DAILY LIVING (ADL)

I am going to list some everyday activities and please tell me if you need assistance for any of these activities. You can tell me if you need assistance most of the time or just sometimes.

	NEED ASSISTANCE		
	YES	SOMETIMES	NO
1. Using the telephone, including looking the number and dialing the phone	_____	_____	_____
2. Shopping for groceries and other things (walking or driving)	_____	_____	_____
3. Getting to places beyond where you would walk	_____	_____	_____
4. Preparing own meals	_____	_____	_____
5. Doing light housework	_____	_____	_____
6. Washing your medicine	_____	_____	_____
7. Taking your medicines	_____	_____	_____
8. Paying your bills	_____	_____	_____
9. Feeding yourself	_____	_____	_____
10. Dressing or undressing yourself	_____	_____	_____
11. Bathing or showering yourself	_____	_____	_____

12. Getting to the bathroom on time \_\_\_\_\_
13. Cutting your toenails \_\_\_\_\_
14. Anything else \_\_\_\_\_

### HEALTH CONDITIONS

I want to ask you about your health. Please try to answer whether you think that you have any of these problems or have been diagnosed with any of the following conditions.

	Problem	DOC	RX
Arthritis or Rheumatism	_____	_____	_____
High Blood Pressure	_____	_____	_____
Circulation trouble in arms or legs	_____	_____	_____
Heart Trouble	_____	_____	_____
Poor Eyesight (with glasses) or blind	_____	_____	_____
Diabetes	_____	_____	_____
Depression	_____	_____	_____
Poor hearing (with hearing aid) or deaf	_____	_____	_____
Foot problems which makes it painful to walk	_____	_____	_____
Lung problems	_____	_____	_____
Effects of stroke	_____	_____	_____
Only fair or poor physical health	_____	_____	_____
Only fair or poor emotional health	_____	_____	_____
Any other problems	_____	_____	_____

Now for those health conditions that said that you have, please tell me if you have been to a doctor (Doc) concerning these problems in the last year. Also please tell me if you are currently taking any medicines (Rx) prescribed by the doctor or any other self-help treatments for any of these conditions?



## REMEMBERING

Sometimes people have trouble remembering certain things.  
Do you often have trouble remembering any of the following.

	Yes	NO
Name of family or close friends	___	___
To lock the door	___	___
To turn off the stove	___	___
To eat during the day	___	___
The year it is now	___	___
The day of the week	___	___
Your own age	___	___
Your own name	___	___

## EMOTIONAL HEALTH SCREEN

Introduction: Everybody has their ups and downs, depending on a lot of different thing in their life. These next questions relate to your feelings and other problems that you might experiencing. The purpose is for us to see if people in general have these types of problems and how often.

	Most of the Time	Sometimes	Seldom	Never
1. Do your feel tired in the mornings	___	___	___	___
2. How often do your feel alone and helpless	___	___	___	___
3. Do you feel in good spirits	___	___	___	___
4. How often do you have crying spells, or feel like crying	___	___	___	___
5. How often do you have trouble sleeping	___	___	___	___

- |  |       |       |       |       |
|--|-------|-------|-------|-------|
| 6. Have you ever had periods when you                                | _____ | _____ | _____ | _____ |
| 7. Do you suffer from a loss of appetite                             | _____ | _____ | _____ | _____ |
| 8. Do you feel sad and without interest when you wake in the morning | _____ | _____ | _____ | _____ |
| 9. Do you sometimes wonder if anything is worthwhile any more        | _____ | _____ | _____ | _____ |
| 10. How often do you feel you don't enjoy doing things any more      | _____ | _____ | _____ | _____ |

### LIFESTYLE

Now I want to ask you some questions about your usual habits, about how you take care of yourself in your everyday activities. Please answer yes or no to the following questions based on your usual activities.

- |   | Yes   | No    |
|---|-------|-------|
| 1. Do you go to a doctor at least once a year                       | _____ | _____ |
| 2. Do you follow all the directions when using medicines            | _____ | _____ |
| 3. Are you on 3 or more prescription drugs on a regular basis       | _____ | _____ |
| 4. Do you ever get flu shots from your doctor or health departments | _____ | _____ |
| 5. Do you see a dentist once a year                                 | _____ | _____ |
| 6. Do you see an eye doctor once a year                             | _____ | _____ |
| 7. Do you think you need to lose weight more than 20 pounds         | _____ | _____ |
| 8. Do you think you need to gain weight more than 20 pounds         | _____ | _____ |

- |   |     |     |
|---|-----|-----|
| 9. Do you eat fairly balanced meals every day with some milk products, meats or protein, fruits or vegetables, and breads and cereals | ___ | ___ |
| 10. From a health standpoint, do you think there is too much salt in the foods that you eat   | ___ | ___ |
| 11. From a health standpoint, do you think there is too much salt in the foods that you eat   | ___ | ___ |
| 12. Do you smoke cigarettes, cigars or a pipe   | ___ | ___ |
| 13. Do you chew tobacco or do snuff   | ___ | ___ |
| 14. Do you drink alcohol - More than 2 drinks a day   | ___ | ___ |
| 15. Do you have friends or relatives you can talk to when problems occur  | ___ | ___ |
| 16. Do you participate in any activities that you enjoy, like with neighbors or church  | ___ | ___ |

### NEED FOR SERVICES

I am going to name some support services that are sometimes available to people in their homes or senior centers. Please tell me whether you need these service, already have them through family, friends or even know they exist.

	Need Service	Have Assit.	Aware of Serv.	Can Pay Y/N
Shopping	___	___	___	___
Cooking Meals	___	___	___	___
Home Delivered Meals	___	___	___	___
Paying the Bills	___	___	___	___
Writing Checks or Balancing Checkbook	___	___	___	___
Laundry	___	___	___	___

Basic Home Repairs	_____	_____	_____	_____
Basic House Cleaning	_____	_____	_____	_____
Heavy House Cleaning	_____	_____	_____	_____
Personal Care	_____	_____	_____	_____
Nursing Services (like visits from a nurse)	_____	_____	_____	_____
Adult Day Care at a Center	_____	_____	_____	_____
Need someone to stay with me daytime	_____	_____	_____	_____
Need someone to stay with me nighttime	_____	_____	_____	_____
Completing medical forms and insurance	_____	_____	_____	_____
Other Services _____				

For those services that you said you needed, could you afford to pay something for them. If you could help to pay, about how much do you think you could pay each time you get the service. Remember, this is a confidential survey, your name will not be used. The results will be used to plan new services for the community.

If you needed any of these services, who would you ask to find out about them?

Church or Minister	_____
Doctor	_____
Neighbor or Friend	_____
Other _____	_____
Don't Know	_____

## THE END

This is the end of the assessment. Thank you very much for being part of this effort to plan better services for our community. The assessment itself is confidential but would you like your name to be placed on our list of people to keep in contact with or would you like to be contacted further about any of the services mentioned in this assessment?

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